03/14/2006 13:09

Image# 26970118363

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) 655 Beach Street ADDRESS (number and street) Check if different than previously San Francisco CA 94109 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00196246 Χ REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 12 0 1 2005 12 3 1 2005 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Benjamin Bank Type or Print Name of Treasurer Electronically Filed by Benjamin Bank 03 13 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

R	report Covering the Period: From:	01 2005	To: 12 31 2005
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1 2005		313215.30
	(b) Cash on Hand at Begining of Reporting Period	492729.90	
	(c) Total Receipts (from Line 19)	53704.04	637320.22
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	546433.94	950535.52
	Total Disbursements (from Line 31)	10567.44	414669.02
	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	535866.50	535866.50
	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
٥.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	X This Committee has qualified as a multicandidate	e committee. (see FEC FORM 1M)	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

12, 13, 14, 15, 16, 17, and 18(c))

(subtract Line 18(c) from Line 19)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

0 1 м м 1 2 м м 1 2 3^D1 2005 2005 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 49508.75 563715.52 (i) Itemized (use Schedule A) 4140.00 68034.25 (ii) Unitemized (iii) TOTAL (add 53648.75 631749.77 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 53648.75 631749.77 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 55.29 5570.45 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)).

53704.04

53704.04

637320.22

637320.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
(a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(,	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	1437.44	15372.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1437.44	15372.77
. Transfers to Affiliated/Other Party		
CommitteesContributions to	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	8000.00	396000.00
Independent Expenditure (use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	1130.00	3296.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	1130.00	3296.25
Other Disbursements	0.00	0.00
. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10567.44	414669.02
Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	10567.44	414669.02
Hom Line or j	10307.44	414003.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contribu Expendit		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other from Line 11(d), page 1	′	53648.75	631749.77
34. Total Contribution Refu (from Line 28(d))		1130.00	3296.25
35. Net Contributions (other (subtract Line 34 from	′	52518.75	628453.52
36. Total Federal Operation (add Line 21(a)(i) and	* '	1437.44	15372.77
37. Offsets to Operating E (from Line 15, page 3)	'	0.00	0.00
38. Net Operating Expendition (subtract Line 37 from		1437.44	15372.77

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) A. R. David Allara Mailing Address Suite 11 310 35th Street Souther City Charleston FEC ID number of contributing	State WV	Zip Code 25304-1352	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthaln Aggregate		91.25 PAC 4th of 4
Full Name (Last, First, Middle Initial) Omar Almallah Mailing Address the Focus Center 20 Mule Road City Toms River FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State NJ C Occupation Ophthaln Aggregate		Date of Receipt M M
Full Name (Last, First, Middle Initial) Steven Anderson Mailing Address 6525 Baycliffe Drive City Excelsior FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State MN C Occupation Ophthaln Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			841.25
TOTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/59
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I			
۹.	Full Name (Last, First, Middle Initial) James Antoszyk Mailing Address Charlotte Eent Assoc; F 6035 Fairview Road			Date of Receipt 1 2 0 6 2 0 0 5
	City Charlotte	State NC	Zip Code 28210-3256	Transaction ID: 48YCBW369818 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthaln Aggregate		Batch Tool - PAC
3.	Full Name (Last, First, Middle Initial) Amir Arbisser Mailing Address 777 Tanglefoot Lane			Date of Receipt
		Ctata	7:n Codo	12 20 2005
	City Bettendorf	State IA	Zip Code 52722-1650	Transaction ID: 3DY8Z4457123 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	32/22 1000	125.00
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1182.50	
_	Full Name (Last, First, Middle Initial) Amir Arbisser			Date of Receipt
J.	Mailing Address 777 Tanglefoot Lane			1 2 D D D D D D D D D D D D D D D D D D
	City	State	Zip Code	Transaction ID: 55455-84322756528855
	Bettendorf FEC ID number of contributing federal political committee.	C	52722-1650	Amount of Each Receipt this Period 91.25
	Name of Employer self	Occupation Ophthaln	nologist	PAC 2nd of 4
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1182.50	
s	UBTOTAL of Receipts This Page (optional)			581.25
T	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/59 (check only one) X 11a 11b 11c 12
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir			
	Full Name (Last, First, Middle Initial) Lisa Arbisser Mailing Address 777 Tanglefoot Lane City Bettendorf FEC ID number of contributing federal political committee. Name of Employer self	State IA C Occupation Ophthaln		Date of Receipt M
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 547.50	
	Full Name (Last, First, Middle Initial) Priscilla Arnold Mailing Address 1011 E Montclair Street City	State	Zip Code	Date of Receipt M M
	Springfield FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	C Occupation Ophthaln Aggregate		Amount of Each Receipt this Period 200.00 Batch Tool - PAC
C.	Full Name (Last, First, Middle Initial) David Auerbach Mailing Address Eye Physicians of Centra 225 West State Road 43 City Longwood FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	4 Suite 11 State FL C Occupation Ophthaln	Zip Code 32750-4980	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	JBTOTAL of Receipts This Page (optional))	656.25
T	OTAL This Period (last page this line number or	ly))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/59
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
$\frac{\Im}{2}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc		• •	Solicit Contributions from Such Committee.
_		- Ontioal		
۹.	Full Name (Last, First, Middle Initial) Todd Auker			Date of Receipt
	Mailing Address Auker Eye Inst 2324 Santa Rita Road Sui	te 7		1 2 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 50198-32433718442917
	Pleasanton	CA	94566-4150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		91.25
	colf	Occupation		PAC 4th of 4
		Ophthalm		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
3.	Full Name (Last, First, Middle Initial) C. Blake Avera			Date of Receipt
	Mailing Address 1704 11th Street			12 20 2005
	City	State	Zip Code	Transaction ID: 3DY8Z4932539
	Wichita Falls	TX	76301-5020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	colf '	Occupation		Batch Tool - PAC
		Ophthalm		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		365.00	
) .	Full Name (Last, First, Middle Initial) Jeffrey Baumann			Date of Receipt
	Mailing Address 17560 W Highway 441			12 23 2005
	City	State	Zip Code	Transaction ID: 59006-12725466489791
	Mount Dora	FL	32757-6711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	nolf ' '	Occupation Ophthalm		PAC 2nd of 4
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			581.25
т.	OTAL This Period (last page this line number only)		

Use separate schedule(s) or each category of the Detailed Summary Page Use separate schedule(s) or each category of the Detailed Summary Page (check only one) X 11a 11b 11c 12 12 12 12 12 12 1	0	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 10 / 59
Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Awain Fabous Mailing Address Greenville Med Tower Suite 600 7150 Greenville Avenue City State Zip Code Primary General Object Tool of Fecipit Median Initial (Committee) Batch Tool - PAC Date of Receipt Transaction ID: 307 V 2 0 0.5 Transaction ID: 307 V 2 0 0.5 Transaction ID: 307 V 2 0 0.5 Transaction ID: 48/AOK3/3068 Amount of Each Receipt this Period Date of Receipt Solo, 00 Batch Tool - PAC Date of Receipt Transaction ID: 48/AOK3/3068 Amount of Each Receipt this Period Date of Receipt Transaction ID: 48/AOK3/3068 Amount of Each Receipt this Period Date of Receipt Transaction ID: 48/AOK3/3068 Amount of Each Receipt this Period Date of Receipt Transaction ID: 48/AOK3/3068 Amount of Each Receipt this Period Date of Receipt Transaction ID: 48/AOK3/3068 Amount of Each Receipt this Period Date of Receipt Transaction ID: 48/HIT116042 Amount of Each Receipt this Period Date of Receipt Transaction ID: 48/HIT116042 Amount of Each Receipt this Period Date of Receipt Transaction ID: 48/HIT116042 Amount of Each Receipt this Period Date of Receipt Transaction ID: 48/HIT116042 Amount of Each Receipt this Period Date of Receipt Transaction ID: 48/HIT116042 Amount of Each Receipt this Period Date of Receipt Transaction ID: 48/HIT116042 Amount of Each Receipt this Period Date of Receipt Transaction ID: 48/HIT116042 Amount of Each Receipt this Period Date of Receipt Transaction ID: 48/HIT116042 Amount of Each Receipt this Period Date of Receipt		· · · · · · · · · · · · · · · · · · ·			
Any information occied from such Reports and Statements may not be sold or used by any person for the purposes of soliciting contributions or for commercial purposes, other than using the name and extress of any policial committee to sold or contributions from such committees. NAME OF COMMITTEE (in Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) A. Water Beace Maling Address Greenville Med Tower Suite 600 7150 Greenville Avenue City Dallas TX 75231-7900 FEC ID number of contributing federal political committee. Name of Employer and Tower State City Daniel Bennstein Maling Address Suite 204 451 Ruin Creek Road City Paimary General Other (specify) Cocupation Ophthalmologist Receipt For: Perimary General Other (specify) Full Name (Last, First, Middle Initial) C. Daniel Bennstein Maling Address Suite 204 451 Ruin Creek Road City Paimary General Other (specify) C. Daniel Bennstein Maling Address Suite 204 451 Ruin Creek Road City Paimary General Other (specify) State C Decupation Ophthalmologist Receipt For: Paimary General Other (specify) State C Decupation Ophthalmologist Primary General Other (specify) State C Decupation Ophthalmologist Primary General Other (specify) Apgregate Year-to-Date ▼ Apgregate Year-to-Date ▼ Primary General Other (specify) Apgregate Year-to-Date ▼ Apgregate Year-to-Date ▼ Primary General Other (specify) Apgregate Year-to-Date ▼ Apgregate Year-to-Date ▼ Apgregate Year-t	IT	EMIZED RECEIPTS		o ,	
Any information copied from such Reports and Statements may not be said or used by any person for the purposes of soliciting contributions or for commensional purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full)				Detailed Summary Page	
of commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) A. Water Beabe City State Zip Code Dallas TX 75231-7800 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Cocupation Ophthalmologist Receipt For: Primary General Other (specify) ▼ State Zip Code Henderson NC 27539-2878 FEU ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ State Zip Code Henderson NC 27539-2878 FEU ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ State Zip Code Primary General Other (specify) ▼ State Zip Code Receipt For: Primary General Other (specify) ▼ State Zip Code City State Zip Code Henderson NC 27539-2878 FEU ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ State Zip Code City State Zip Code	۸r	w information copied from such Paparts and Str	ntomonte may	y not be cold or used by any perso	
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) A water Baeba Mailing Address Greenville Med Tower Suite 600 7150 Greenville Avenue City Dallas TX 75231-7900 FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Daniel Bernstein Mailing Address Suite 204 Henderson Name of Employer Self Ophthalmologist Receipt For: Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Name of Employer Self Ophthalmologist Receipt For: Primary General Other (specify) ▼ FEUI Name (Last, First, Middle Initial) B. Daniel Bernstein Mailing Address Suite 204 Henderson NC 27539-2878 FEC ID number of contributing federal political committee. Name of Employer Self Ophthalmologist Receipt For: Primary General Other (specify) ▼ FEUI Name (Last, First, Middle Initial) C. Daniel Bernstein Mailing Address Suite 204 451 Ruin Creek Road City Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ FEUI Name (Last, First, Middle Initial) C. Daniel Bernstein Mailing Address Suite 204 A51 Ruin Creek Road City A52 Cree A64 A51 Ruin Creek Road City A65 Cree A65 Cree A65 Cree A75 Cree A75 Cree A75 Cree	or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) A water Baeba Mailing Address Greenville Med Tower Suite 600 7150 Greenville Avenue City Dallas TX 75231-7900 FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Daniel Bernstein Mailing Address Suite 204 Henderson Name of Employer Self Ophthalmologist Receipt For: Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Name of Employer Self Ophthalmologist Receipt For: Primary General Other (specify) ▼ FEUI Name (Last, First, Middle Initial) B. Daniel Bernstein Mailing Address Suite 204 Henderson NC 27539-2878 FEC ID number of contributing federal political committee. Name of Employer Self Ophthalmologist Receipt For: Primary General Other (specify) ▼ FEUI Name (Last, First, Middle Initial) C. Daniel Bernstein Mailing Address Suite 204 451 Ruin Creek Road City Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ FEUI Name (Last, First, Middle Initial) C. Daniel Bernstein Mailing Address Suite 204 A51 Ruin Creek Road City A52 Cree A64 A51 Ruin Creek Road City A65 Cree A65 Cree A65 Cree A75 Cree A75 Cree A75 Cree		NAME OF COMMITTEE (In Full)		•	
Full Name (Last, First, Middle Initial) A. Walter Beache Mailing Address Greenville Med Tower Suite 600 7150 Greenville Avenue City Dallas TX 75231-7800 FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) B. Daniel Bensien Mailing Address Suite 204 451 Ruin Creek Road City State Zip Code Henderson No 27536-2878 FUI Name (Last, First, Middle Initial) C. Daniel Bensiens Mailing Address Suite 204 A51 Ruin Creek Road City Full Name (Last, First, Middle Initial) C. Daniel Bensiens Mailing Address Suite 204 A51 Ruin Creek Road City State Zip Code Henderson No 27536-2878 FEU D number of contributing federal political committee. Name of Employer Self D number of contributing federal political committee. Full Name (Last, First, Middle Initial) C. Daniel Bensiens Mailing Address Suite 204 A51 Ruin Creek Road City Full Name (Last, First, Middle Initial) C. Daniel Bensiens Mailing Address Suite 204 A51 Ruin Creek Road City Full Name (Last, First, Middle Initial) C. Daniel Bensiens Mailing Address Suite 204 A51 Ruin Creek Road City Full Name (Last, First, Middle Initial) C. Daniel Bensiens Mailing Address Suite 204 A51 Ruin Creek Road City Firmary General Other (specify) ▼ Cocupation Ophthalmologist FC ID number of contributing federal political committee. Name of Employer Self City Aggregate Vear-to-Date ▼ Full Name (Last, First, Middle Initial) C. Daniel Bensiens Mailing Address Suite 204 A51 Ruin Creek Road City Aggregate Vear-to-Date ▼ Full Name (Last, First, Middle Initial) C. Daniel Bensiens Mailing Address Suite 204 A51 Ruin Creek Road City Aggregate Vear-to-Date ▼ Full Name (Last, First, Middle Initial) FC Daniel Bensiens Mailing Address Suite 204 A51 Ruin Creek Road City Aggregate Vear-to-Date ▼ Full Name (Last, First, Middle Initial) FC Daniel Bensiens Mailing Address Suite 204 A51 Ruin Creek Road City Aggregate Vear-to-Date ▼ Full Name (Last, First, Middle Initial) FC Daniel Bensiens Mailing Address Suite 204 A51 Ruin Creek Road City Aggregate Vear-to-Date ▼ F	$ \rangle$,	nc Political	Committee (OPHTHPAC)	
A. Water Beebe Mailing Address Greenville Med Tower Suite 600 7150 Greenville Avenue City Dallas TX 75231-7900 FEC ID number of contributing federal political committee. Name of Employer Suite City Other (specify) ▼ Pull Name (Last, First, Middle Initial) B. Daniel Bernstein Mailing Address Suite 204 451 Ruin Creek Road City Name of Employer Self Doumber of contributing federal political committee. C Date of Receipt Transaction ID: 307824426683 Amount of Each Receipt this Period Batch Tool - PAC Date of Receipt Tansaction ID: 307824426683 Amount of Each Receipt this Period Batch Tool - PAC Date of Receipt Tansaction ID: 30782426683 Transaction ID: 30782426683 Amount of Each Receipt this Period Date of Receipt Tansaction ID: 30782426683 Transaction ID: 30782426683 Transacti		American Academy of Ophthalmology i	no i ontical	Committee (Criffin AC)	
A. Water Beebe Mailing Address Greenville Med Tower Suite 600 7150 Greenville Avenue City Dallas TX 75231-7900 FEC ID number of contributing federal political committee. Name of Employer Suite City Other (specify) ▼ Pull Name (Last, First, Middle Initial) B. Daniel Bernstein Mailing Address Suite 204 451 Ruin Creek Road City Name of Employer Self Doumber of contributing federal political committee. C Date of Receipt Transaction ID: 307824426683 Amount of Each Receipt this Period Batch Tool - PAC Date of Receipt Tansaction ID: 307824426683 Amount of Each Receipt this Period Batch Tool - PAC Date of Receipt Tansaction ID: 30782426683 Transaction ID: 30782426683 Amount of Each Receipt this Period Date of Receipt Tansaction ID: 30782426683 Transaction ID: 30782426683 Transacti		Full Name (Last, First, Middle Initial)			
City Dallas TX 75:231-7900 FEC ID number of contributing federal political committee. C	A.				Date of Receipt
City Dallas Transaction ID: 3DY6Z4426683 Dallas TX 75231-7900 FEC ID number of contributing federal political committee. Name of Employer Self Contributing (C		000			
Dallas TX 75231-7900 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer self					
Second Committee C Sou		-		•	
Receipt For:		Dallas	TX	75231-7900	Amount of Each Receipt this Period
Name of Employer self			<u></u>		500.00
Name of Employer self		federal political committee.			
Self Receipt For: Primary General Other (specify) ▼		Name of Employer	Occupation	า	Batch Tool - PAC
Receipt For:					
Primary		Receipt For:	<u> </u>		
B. Daniel Bernstein Mailing Address Suite 204 451 Ruin Creek Road City State Zip Code Henderson NC 27536-2878 FEC ID number of contributing federal political committee. Name of Employer self Other (specify) ▼			199.09		1
B. Daniel Bernstein Mailing Address Suite 204 451 Ruin Creek Road City State Zip Code Henderson NC 27536-2878 FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ C. Daniel Bernstein Mailing Address Suite 204 451 Ruin Creek Road City Aggregate Year-to-Date ▼ Transaction ID: 48YAOK373068 Amount of Each Receipt this Period Batch Tool - PAC Date of Receipt Transaction ID: 48YAOK373068 Transaction ID: 48YAOK373068 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Amount of Each Receipt Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Transaction ID: 48YIHT116042 Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Transaction ID:		Other (specify) ▼		500.00	
B. Daniel Bernstein Mailing Address Suite 204 451 Ruin Creek Road City State Zip Code Henderson NC 27536-2878 FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ C. Daniel Bernstein Mailing Address Suite 204 451 Ruin Creek Road City Aggregate Year-to-Date ▼ Transaction ID: 48YAOK373068 Amount of Each Receipt this Period Batch Tool - PAC Date of Receipt Transaction ID: 48YAOK373068 Transaction ID: 48YAOK373068 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Amount of Each Receipt Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Transaction ID: 48YIHT116042 Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Transaction ID: 48YIHT116042 Transaction ID:					
Mailing Address Suite 204 451 Ruin Creek Road City Henderson NC 27536-2878 FEC ID number of contributing federal political committee. Name of Employer self Other (specify) ▼ Transaction ID: 48YAOK373068 Amount of Each Receipt this Period Transaction ID: 48YAOK373068 Amount of Each Receipt this Period Transaction ID: 48YAOK373068 Amount of Each Receipt this Period Batch Tool - PAC Date of Receipt Transaction ID: 48YAOK373068 Amount of Each Receipt this Period Batch Tool - PAC Date of Receipt Mailing Address Suite 204 451 Ruin Creek Road City State Zip Code Henderson NC 27536-2878 FEC ID number of contributing federal political committee. Name of Employer self Ophthalmologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Batch Tool - PAC Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Batch Tool - PAC refunded 12.15.05		Full Name (Last, First, Middle Initial)			
City State Zip Code Henderson NC 27536-2878 FEC ID number of contributing federal political committee. Name of Employer self Other (specify) ▼	В.	Daniel Bernstein			Date of Receipt
City State Zip Code NC 27536-2878 Henderson NC 27536-2878 Amount of Each Receipt this Period					
Henderson NC 27536-2878 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Tansaction ID: 48YIHT116042 Amount of Each Receipt this Period Batch Tool - PAC Batch Tool - PAC Date of Receipt Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Batch Tool - PAC Date of Receipt Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Date of Receipt Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Date of Receipt Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Batch Tool - PAC refunded 12.15.05					
FEC ID number of contributing federal political committee. Name of Employer self Name of Employer Self Receipt For: Primary General Other (specify) ▼ C. Daniel Bernstein Mailing Address Suite 204 451 Ruin Creek Road City State Zip Code Henderson FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Occupation Ophthalmologist Aggregate Year-to-Date ▼ Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Batch Tool - PAC Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Batch Tool - PAC refunded 12.15.05		•		'	Transaction ID: 48YAOK373068
Name of Employer self Occupation Ophthalmologist		Henderson	NC	27536-2878	Amount of Each Receipt this Period
Name of Employer self Name of Employer self Occupation Ophthalmologist					365.00
Name of Employer self Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) C. Daniel Bernstein Mailing Address Suite 204 451 Ruin Creek Road City State Zip Code Henderson FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthalmologist Aggregate Year-to-Date ▼ Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Batch Tool - PAC refunded 12.15.05 Batch Tool - PAC refunded 12.15.05		federal political committee.			
Receipt For:		Name of Employer	Occupation	า	Batch Tool - PAC
Primary General Other (specify) ▼ Table 1		self	Ophthaln	nologist	
Other (specify) ▼ Table 10		Receipt For:	Aggregate	e Year-to-Date ▼	
C. Daniel Bernstein Mailing Address Suite 204 451 Ruin Creek Road City Henderson FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			1 1	720.00	1
C. Daniel Bernstein Mailing Address Suite 204 451 Ruin Creek Road City Henderson FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary Other (specify) Aggregate Year-to-Date Aggregate Year-to-Date 730.00 Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Other (specify) ▼		730.00	
C. Daniel Bernstein Mailing Address Suite 204 451 Ruin Creek Road City Henderson FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary Other (specify) Aggregate Year-to-Date Aggregate Year-to-Date 730.00 Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address Suite 204 451 Ruin Creek Road City State Zip Code Henderson NC 27536-2878 FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 730.00 P12 0 9 7 2 0 0 5 Transaction ID: 48YIHT116042 Amount of Each Receipt this Period Batch Tool - PAC refunded 12.15.05 Batch Tool - PAC refunded 12.15.05	C				Date of Receipt
City State Zip Code Henderson NC 27536-2878 FEC ID number of contributing federal political committee. Name of Employer self Ophthalmologist Receipt For: Primary General Other (specify) ▼ Assume Aggregate Year-to-Date ▼ 12 0 9 2 0 0 5 Transaction ID: 48YIHT116042 Amount of Each Receipt this Period 365.00 Batch Tool - PAC refunded 12.15.05	C.				╡
City Henderson NC 27536-2878 FEC ID number of contributing federal political committee. Name of Employer self Primary Other (specify) ▼ State Zip Code NC 27536-2878 Amount of Each Receipt this Period Amount of Each Receipt this Period Batch Tool - PAC refunded 12.15.05 Aggregate Year-to-Date ▼ 730.00					
Henderson FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary Other (specify) Amount of Each Receipt this Period 365.00 Batch Tool - PAC refunded 12.15.05 Aggregate Year-to-Date ▼ 730.00			State	Zip Code	Transaction ID: 48YIHT116042
FEC ID number of contributing federal political committee. Name of Employer self		Henderson	NC	·	
Federal political committee. Name of Employer self Name of Employer Self Occupation Ophthalmologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 730.00 1230.00					005.00
Name of Employer self Ophthalmologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 730.00					365.00
Name of Employer self Ophthalmologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 730.00		V (5.1	10		Batch Tool - PAC refunded
Receipt For: Primary Other (specify) Aggregate Year-to-Date 730.00		Name of Employer self			12.15.05
Primary General Other (specify) ▼ 730.00			<u> </u>		_
Other (specify) ▼ 730.00			Aggregate	rear-lo-Dale ▼	. [
1230 00		_ ' _	1 ' '	730.00	
SUBTOTAL of Receipts This Page (optional)		☐ Other (specify) ♥		1 1 1 1 1 1 1	
SUBTOTAL of Receipts This Page (optional)					
SUBTOTAL of neceipts This Page (optional)		LIPTOTAL of Possints This Poss (anticard)		_	1230.00
	\vdash	OBTOTAL OF Necelpts This Page (optional)		······································	

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 59
	EMIZED RECEIPTS		or each category of the	(check only one)
"	LWIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and State	ments may	not be sold or used by any perso	
or	for commercial purposes, other than using the nar	me and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Academy of Ophthalmology Inc	c Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) John Bishop			Date of Receipt
	Mailing Address 4707 Everhart #108			12 14 2005
	City	State	Zip Code	Transaction ID: G5L7ZF719834
	Corpus Christi	TX	78411-2751	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer	Occupation	2	Batch Tool - PAC
	colf ' '	Ophthaln		
	Receipt For:		Year-to-Date ▼	-
	Primary General	00 0		1
	Other (specify) ▼		365.00	
В.	Full Name (Last, First, Middle Initial) Louis Blumenfeld			Date of Receipt
	Mailing Address Suite 111 225 W State Road 434	1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 48YAST833605
	Longwood	FL	32750-4980	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	colf	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date V	-
	Primary General	riggregate	Tour to Bute V	1
	Other (specify) ▼		730.00	
<u> </u>	Full Name (Last, First, Middle Initial) H. Culver Boldt			Date of Receipt
	Mailing Address Department Ophth/Univ of 200 Hawkins Drive	f Iowa		12 09 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 48YIHT296584
	Iowa City	IA	52242-1009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	colf	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		E00.00	
	Other (specify)		500.00	
s	UBTOTAL of Receipts This Page (optional)			1230.00
一	OTAL This Poyled (lest page this line number and	٨		
1 1	OTAL This Period (last page this line number only	y)		

SCHEDULE A (FEC Form 3X	()	Lisa saparata sabadula(s)	FOR LINE NUMBER: PAGE 12/59
ITEMIZED RECEIPTS	,	Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmolo	gy Inc Politica	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Paul Brailsford Mailing Address Suite 303 801 N Tustin Avenue	e		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Santa Ana	State CA	Zip Code 92705-3612	Transaction ID: 48YLZR966250 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	527 55 567 2	1000.00
Name of Employer self Receipt For: Primary General	Occupatio Ophthalr Aggregate		Batch Tool - PAC
Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	2000.00	
Beth Bruening Mailing Address 405 W 45th Street			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 48YAOK331831
Sioux City	<u>IA</u>	51104-1072	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2500.00
Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Carlos Buznego			Date of Receipt
Mailing Address Suite 400E 8940 N Kendall Driv	e		1 2 1 4 2 0 0 5
City	State	Zip Code	Transaction ID: 54437-42620486021042
Miami	FL	33176-2148	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00 PAC 3rd of 4
Name of Employer self	Occupatio Ophthalr	nologist	1 AO 010 01 4
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)		3625.00
TOTAL This Period (last page this line numb	per only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
Hoffman Estates FEC ID number of contributing federal political committee. Name of Employer self Name of Employer Ophthalmologi Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Charles Campbell Mailing Address Suite 200 5540 Saratoga Boulevard City State Z		Zip Code 60194-1062 nologist Year-to-Date ▼ Zip Code 78413-2953	Date of Receipt M	
		•	rologist Year-to-Date ▼ 1000.00	
	self	State NY C Occupation Ophthalm Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		>	1700.00
Т	OTAL This Period (last page this line number only)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 59 (check only one) X
Any or f	rinformation copied from such Reports and States or commercial purposes, other than using the nan	ments may ne and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
A.	self	State MD C Occupation Ophthaln Aggregate		Date of Receipt M
3.	self	e 14F State MO C Occupation Ophthaln		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	self	State WA C Occupation Ophthaln		Date of Receipt M M
SI	JBTOTAL of Receipts This Page (optional)			482.50
TC	OTAL This Period (last page this line number only	<i></i>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 59
	TEMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology Inc	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Thomas Conklin			Date of Receipt
	Mailing Address Suite 22 294 E Moana Lane			12 03 2005
	City	State	Zip Code	Transaction ID: 50288-19692629575729
	Reno	NV	89502-4641	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	<u> </u>	PAC 4th of 4
	self	Ophthaln	nologist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) ▼	0 0	0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Nazareth Darakjian			Date of Receipt
	Mailing Address 2595 E Washington Boule	12 07 2005		
	City	State	Zip Code	Transaction ID: 48YDNM504194
	Pasadena	CA	91107-1409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
		Occupation	า	Batch Tool - PAC
	self	Ophthaln		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	'''	365.00	
	Other (specify) ▼	0 0		
Э.	Full Name (Last, First, Middle Initial) Daniel Day			Date of Receipt
	Mailing Address 8401 Golden Valley Road	l #330		12 09 2005
	City	State	Zip Code	Transaction ID: 48YIHT188978
	Golden Valley	MN	55427-4488	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Northwest Eig Clinic DA	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	1
	Primary General		1000.00	
	Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			1615.00
_	OTAL Tide Decidal (Co. 1997)	`		
	OTAL This Period (last page this line number only	y)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 59 (check only one) X
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) American Academy of Ophthalmology II	ame and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u>/</u> A.	Full Name (Last, First, Middle Initial) Patrick Dennis Mailing Address 116-B Ashley Avenue City Charleston FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	State SC C	Zip Code 29401-1249	Date of Receipt M
В.	Full Name (Last, First, Middle Initial) Patrick Dennis Mailing Address 116-B Ashley Avenue City Charleston FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼	State SC C Occupatio Ophthaln Aggregate	Zip Code 29401-1249	Date of Receipt M M
C.	Full Name (Last, First, Middle Initial) Gary Dolin Mailing Address 6060-26th Street West City Bradenton FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State FL C Occupation Ophthaln Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		_	865.00
т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)			Llea sanarata schodulo(c)	FOR LINE NUMBER: PAGE 17/59
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\frac{}{}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In			ooner community in the contraction of the community of the contraction
۹.	Full Name (Last, First, Middle Initial) Stuart Duboff			Date of Receipt
	Mailing Address Advanced Eye Care 322 Dewey Street City	State	Zip Code	1 2 2 0 0 5 Transaction ID: 3DY8Z4774232
	Bennington	VT	05201-2225	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	•	Year-to-Date ▼ 365.00	
3.	Full Name (Last, First, Middle Initial) Robert Erickson			Date of Receipt
	Mailing Address Suite 201 800 S Adams Road	7:a Code	1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Birmingham	State MI	Zip Code 48009-7005	Transaction ID: 59006-68751162290573 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10007000	91.25
	Name of Employer self	Occupation Ophthaln		PAC 3rd of 4
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 273.75	
D.	Full Name (Last, First, Middle Initial) Joseph Eviatar			Date of Receipt
	Mailing Address Chelsea Eye/Cosmetic S 157 W 19th Street			1 2 2 0 2 0 0 5
	City New York	State NY	Zip Code 10011-4102	Transaction ID: 3DY8Z4774426 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100111102	300.00
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
S	UBTOTAL of Receipts This Page (optional)			756.25
T	OTAL This Period (last page this line number on	ly))	

01	PHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 18 / 59		
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)		
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12		
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
۸۰	winformation conicd from such Departs and Sta	tomonto mo	unat ha aald ar uaad by any paras			
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.		
_	NAME OF COMMITTEE (In Full)					
/	` ,	D-l'#'l	(ODUTUDAO)			
/	American Academy of Ophthalmology I	nc Politica	Committee (OPHTHPAC)			
_	Full Name (Last First Middle Initial)					
Δ	Full Name (Last, First, Middle Initial) William Fishkind			Date of Receipt		
٠.		Cara C		-		
	Mailing Address Fishkind and Bakewell E 5599 N Oracle Road	ye Care C	en	12 22 2005		
	City	State	Zip Code	Transaction ID: 3DYBW4434723		
	Tucson	AZ	85704-3821			
		\rac{\rac{\rack{\circk{\rack{\rick}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	65704-3621	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		365.00		
	federal political committee.					
	Name of Employer	Occupation	n	Batch Tool - PAC		
	self	Ophthaln				
	Receipt For:		Year-to-Date ▼	-		
	Primary General	Aggregate	e real-to-Date V			
	Other (specify)	' '	365.00			
	Other (specify)					
	Full Name of Land Final Middle Letter					
2	Full Name (Last, First, Middle Initial) Martin Fishman			Date of Receipt		
٠.				─		
	Mailing Address Suite 3 431 Monterey Avenue			12 13 2005		
	City 431 Workerey Avenue	State	Zip Code			
	•		•	Transaction ID: 54437-70713442564011		
	Los Gatos	CA	95030-5319	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		125.00		
	federal political committee.					
	Name of Employer	Occupation	n	PAC 2nd of 4		
	self	Ophthaln				
	Receipt For:		Year-to-Date ▼	-		
	Primary General	Aggregate	e real-to-Date V			
	Other (specify)	' '	250.00			
	Cirici (Specify)	0 0				
	Full Name (Leat First Middle Initial)					
2	Full Name (Last, First, Middle Initial) Jerre Freeman			Date of Receipt		
	Mailing Address 6485 Poplar Avenue			M M / D D / Y Y Y Y		
	Mamig Addition 0400 Fupial Aveilue			12 06 2005		
	City	State	Zip Code	Transaction ID: 48YCBW444735		
	Memphis	TN	38119-4838	Amount of Each Receipt this Period		
	•	111	30119-4030	Amount of Each Necept this Period		
	FEC ID number of contributing	C		200.00		
	federal political committee.					
	Name of Employer self	Occupation	n	Batch Tool - PAC		
	self	Ophthaln				
	Receipt For:		e Year-to-Date ▼	7		
	Primary General	00 0		1		
	Other (specify)		400.00			
			1 1 1 1 1 1 1	1		
_	IDTOTAL of Descripto This Descriptoral		_	690.00		
5	UBTOTAL of Receipts This Page (optional)		······			
_			<u>.</u>			
T	OTAL This Period (last page this line number or	าเy)	.			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	c Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Richard Freeman Mailing Address Suite 502 144 Genesee Street City Auburn FEC ID number of contributing federal political committee.	State NY	Zip Code 13021-3503	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	colf	Occupation Ophthaln Aggregate		Batch Tool - PAC
3.	solf '	uite 111 State FL C Occupation Ophthaln		Date of Receipt M M
-	colf	State OH C Occupation Ophthaln Aggregate		Date of Receipt M M M
s	UBTOTAL of Receipts This Page (optional)		·····	1230.00
T	OTAL This Period (last page this line number only	v)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	c Political	I Committee (OPHTHPAC)	
A .	Full Name (Last, First, Middle Initial) John Douglas Goosey Mailing Address 6545 Rutgers City Houston FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State TX C Occupation Ophthaln Aggregate		Date of Receipt 1 2 0 6 2 0 0 5 Transaction ID: 48YCBW445362 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
3.	Full Name (Last, First, Middle Initial) Erich Bryan Groos Mailing Address Cornea Consultants of Na 2011 Murphy Avenue Sui City Nashville FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	te 602 State TN C Occupation Ophthaln		Date of Receipt M M
D .	Full Name (Last, First, Middle Initial) R. Lowell Hardcastle Mailing Address Suite 5 1000 W Kingshighway City Paragould FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State AR C Occupation Ophthaln Aggregate		Date of Receipt M M 2005 Transaction ID: 54437-05772036314010 Amount of Each Receipt this Period 91.25 PAC 3rd OF 4
S	UBTOTAL of Receipts This Page (optional)			706.25
T	OTAL This Period (last page this line number on	v)	b	

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any or fo	information copied from such Reports and St or commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
A. 1	Full Name (Last, First, Middle Initial) H. King Hartman Mailing Address 516 Pellis Road City Greensburg FEC ID number of contributing ederal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State PA C Occupatio Ophthalr Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3. <u> </u>	Full Name (Last, First, Middle Initial) Ronald Glenn Herrington Mailing Address Suite 403 1190 N State Street City Jackson FEC ID number of contributing ederal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State MS C Occupatio Ophthalr Aggregate		Date of Receipt M M M
C. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Full Name (Last, First, Middle Initial) Gary Hirshfield Mailing Address Suite 102 4231 Colden Street City Flushing FEC ID number of contributing ederal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State NY C Occupatio Ophthalr Aggregate		Date of Receipt M M 2 2 2 0 0 5
su	BTOTAL of Receipts This Page (optional)			990.00
то	TAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 59 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Academy of Ophthalmology In	c Political	I Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Mark Hughes			Date of Receipt
	Mailing Address 50 Staniford Street Suite 600			12 15 2005
	City	State	Zip Code	Transaction ID: 1GG5L7AXVB5A02
	Boston	MA	02114-2517	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer self	Occupation Ophthaln		PACWEB GENERATED CONTRIBU- TION
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		5000.00	
3.	Full Name (Last, First, Middle Initial) W. Jackson lliff			Date of Receipt
	Mailing Address Suite 7 4 W Rolling Crossroads			1 2 0 9 2 0 0 5
	City City	State	Zip Code	Transaction ID: 52252-06940859556198
	Catonsville	MD	21228-6280	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer self	Occupation Ophthaln		PAC 4th of 4
	Receipt For:	•	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
 C.	Full Name (Last, First, Middle Initial) John Johnson			Date of Receipt
	Mailing Address Johnson City Eye Clinic 110 Med Tech Parkway			12 23 7 2005
	City	State	Zip Code	Transaction ID: 59006-52506655454636
	Johnson City	TN	37604-4004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer self	Occupation Ophthaln		PAC 2nd of 4
	Receipt For: Primary General		e Year-to-Date ▼	1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
т.	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUME	BER: PAGE 23/59
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11	
Ar	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may	not be sold or used by any perso dress of any political committee to		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc				
Α.	o olf	State ME C			0 9 2 0 0 5 D: 48YIHT171923 ch Receipt this Period 250.00
		Ophthaln Aggregate	nologist • Year-to-Date ▼ 250.00		
3.	Full Name (Last, First, Middle Initial) Phillip Kelly Mailing Address PO Box 8169			Date of Recei	pt
	City	State	Zip Code		D : 3DY8Z4327615
	Wichita Falls FEC ID number of contributing federal political committee.	C	76307-8169		ch Receipt this Period 365.00
	self	Occupation Ophthaln Aggregate		Batch Tool - I	PAC
	Full Name (Last, First, Middle Initial) Thomas Kidwell			Date of Recei	pt
	Mailing Address 10725 International Drive			M M / D	11 2005
	City Rancho Cordova FEC ID number of contributing	State CA	Zip Code 95670-7967		D: 52252-40151613950729 ch Receipt this Period
	federal political committee.	C		PAC 3rd of 4	91.25
	The Permanente Medical Group	Occupation Ophthaln Aggregate			
s	UBTOTAL of Receipts This Page (optional)		·····		706.25
T	OTAL This Period (last page this line number only))	>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 24/59
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar	ny information copied from such Reports and State	ements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Patrick King			Date of Receipt
	Mailing Address 911 W Third			12 20 20 2005
	City	State	Zip Code	Transaction ID: 3DY8Z4148736
	Yankton	SD	57078-3703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼	rigg. ogaic	515.00	
3.	Full Name (Last, First, Middle Initial) Scott Kirk			Date of Receipt
	Mailing Address 7427 Lake Street	12 21 2005		
	City	State	Zip Code	Transaction ID: 55455-51386660337448
	River Forest	IL	60305-1817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer self	Occupation Ophthaln		PAC 4th of 4
	Receipt For:		e Year-to-Date ▼	1
	Primary General Other (specify) ▼		500.00	
Э.	Full Name (Last, First, Middle Initial) James Knupp			Date of Receipt
	Mailing Address Suite 2300 5220 S 6th Street Road			12 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 48YAST212924
	Springfield	IL	62703-5735	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	1
	Primary General Other (specify) ▼	1 1	365.00	
s	UBTOTAL of Receipts This Page (optional)			640.00
			•	
Т	OTAL This Period (last page this line number onl	y)	>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 25/59				
	EMIZED RECEIPTS		or each category of the	(check only one)				
• •			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
An or	y information copied from such Reports and Stat- for commercial purposes, other than using the na	ements may	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions				
$\overline{}$	NAME OF COMMITTEE (In Full)							
\rangle	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)					
۹.	Full Name (Last, First, Middle Initial) Mark Krawitz			Date of Receipt				
	Mailing Address the Eye Center 65 Mountain Boulevard E			12 06 2005				
	City Warren	State NJ	Zip Code 07059-2632	Transaction ID: 48YCBW122405				
	FEC ID number of contributing		07039-2032	Amount of Each Receipt this Period				
	federal political committee.	C		365.00				
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC				
	Receipt For:		Year-to-Date ▼					
	Primary General Other (specify) ▼	0 0	365.00					
3.	Full Name (Last, First, Middle Initial) Kurt Lark			Date of Receipt				
	Mailing Address 854 Craigmont Lane			1 2				
	City	State	Zip Code	Transaction ID: G5L7ZF536200				
	Concord	NC	28027-6442	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		200.00				
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC				
	Receipt For:		Year-to-Date ▼					
	Primary General		565.00					
	Other (specify) ▼	0 0	300.00					
Э.	Full Name (Last, First, Middle Initial) Adrian Lavina			Date of Receipt				
	Mailing Address Suite 220 3399 Pga Boulevard			12 05 2005				
	City	State	Zip Code	Transaction ID: 48YAOK729447				
	Palm Beach Gardens	FL	33410-2819	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		365.00				
Colf ' '		Occupation Ophthaln		Batch Tool - PAC				
			e Year-to-Date ▼					
	Primary General Other (specify) ▼		365.00					
s	SUBTOTAL of Receipts This Page (optional)							
	. 5 (1 /							
T	OTAL This Period (last page this line number on	ly)	>					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER	R: PAGE 26 / 59
	EMIZED RECEIPTS	or each category of the			
•			Detailed Summary Page	X 11a 11b	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Ar	v information copied from such Reports and State	ements may	not be sold or used by any perso		
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from	n such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
/	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)		
۹.	Full Name (Last, First, Middle Initial) Charles Lederer			Date of Receipt	
	Mailing Address 1004 Carondelet #405			12 0	2005
	City	State	Zip Code		48YCBW609118
	Kansas City	MO	64114-4801	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer self	Occupation	n	Batch Tool - PAG	C
	self	Ophthaln	nologist		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		1000.00		
	Other (specify) ▼	1 1	1000.00		
3.	Full Name (Last, First, Middle Initial) Andrew Lee			Date of Receipt	
	Mailing Address Univ Iowa-Department of 200 Hawkins Drive	Ophth		12 0	
	City	State	Zip Code	Transaction ID: 4	48YAIR054636
	<u>Iowa City</u>	IA	52242-1009	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	С			156.25
	Name of Employer	Occupation	n	Batch Tool - PAG	C
	self	Ophthaln			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
		0 0	0 0 0 0 0 0 0		
Э.	Full Name (Last, First, Middle Initial) Eligijus Lelis			Date of Receipt	
	Mailing Address 14488 Hawthorn Drive			1 2 1	3 2005
	City	State	Zip Code	Transaction ID: 4	
	Lemont	IL	60439-9126		Receipt this Period
	FEC ID number of contributing	С			365.00
	federal political committee.				000.00
	Name of Employer	Occupation	n	Batch Tool - PAG	C
	self	Ophthaln	nologist		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		730.00		
	Other (specify)	0 0	0 0 0 0 0 0 0		
s	UBTOTAL of Receipts This Page (optional)				1521.25
			•		
T	OTAL This Period (last page this line number onl	ly)	>		

SCHEDULE A (FEC Form 3X)		l lea separate schodulo(s)	FOR LINE NUMBER: PAGE 27 / 59
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology		· ·	
Full Name (Last, First, Middle Initial) Elise Leonard Mailing Address Suite 300 8890 W Oakland Park	Roulevard		Date of Receipt
City	State	Zip Code	Transaction ID: 54437-03347414731979
Sunrise	FL	33351-7235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		91.25
Name of Employer self	Occupatio Ophthalr	nologist	PAC 2nd of 4
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 547.50	
Full Name (Last, First, Middle Initial) Lai-Sung Leung			Date of Receipt
Mailing Address Suite 503 929 Clay Street	12 07 2005		
City	State	Zip Code	Transaction ID: 48YDNM882814
San Francisco	CA	94108-1556	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00 Batch Tool - PAC
Name of Employer self	Occupatio Ophthalr		Balcii 1001 - FAC
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) David Lewis			Date of Receipt
Mailing Address Suite GI-3 990 S Medical Drive			12 / 19 / 2005
City Brigham City	State UT	Zip Code 84302-4713	Transaction ID: 3DY716388756
•		04302-4713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC
Name of Employer self	Occupatio Ophthalr	nologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional) .			956.25
TOTAL This Period (last page this line number	r only)		

S	CHEDULE A (FEC Form 3X)		Lisa congrata cabadula(s)	FOR LINE NUMBER: PAGE 28 / 59		
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12		
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	Committee (OPHTHPAC)			
Α.	Full Name (Last, First, Middle Initial) Richard Lindstrom			Date of Receipt		
	Mailing Address Suite 106 710 E 24th Street			12 05 2005		
	City Minneapolis	State MN	Zip Code 55404-3840	Transaction ID: 48YAST323621 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00			
В.	Full Name (Last, First, Middle Initial) David Loewy			Date of Receipt		
	Mailing Address 407 Avenue K Southeas	12 13 7 2005				
	City	State	Zip Code	Transaction ID: 48YN4X913241		
	Winter Haven	FL	33880-4126	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		350.00		
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		715.00			
C.	Full Name (Last, First, Middle Initial) Jan Lukac			Date of Receipt		
	Mailing Address 15 Morning Dove			12 08 2005		
	City	State CA	Zip Code	Transaction ID: 48YF3E335876		
	Laguna Niguel	CA	92677-5307	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00 Batch Tool - PAC		
	Name of Employer self	Occupation Ophthaln	nologist	Batch 1001-1 AC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00			
s	UBTOTAL of Receipts This Page (optional)			2350.00		
Т	TOTAL This Period (last page this line number only)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Politica	I Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Masud Malik Mailing Address Suite 4 5701 Strathmoor Drive City Rockford FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State IL C Occupation Ophthaln Aggregate		Date of Receipt M
3.	Full Name (Last, First, Middle Initial) Timothy Malone Mailing Address 731-F Walker Road City Great Falls FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State VA C Occupatio Ophthaln Aggregate		Date of Receipt M M
- .	Full Name (Last, First, Middle Initial) Nick Mamalis Mailing Address 50 N Medical Drive City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State UT C Occupation Ophthaln Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			706.25
T	OTAL This Period (last page this line number o	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
/_ А.	Full Name (Last, First, Middle Initial) William Maron Mailing Address Suite 222 21 Woodland Street City Hartford FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) City Full Name (Last, First, Middle Initial) Benjamin Martin Mailing Address 4120 Del Prado Boulevar City Cape Coral FEC ID number of contributing	0 0		Date of Receipt M M
	Receipt For: Primary Other (specify)	Occupation Ophthaln		Batch Tool - PAC
C .	Full Name (Last, First, Middle Initial) Mark Mayle Mailing Address 2071 Lakeside Estates City Morgantown FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State WV C Occupation Ophthaln Aggregate		Date of Receipt M M M
s	UBTOTAL of Receipts This Page (optional))	821.25
T	OTAL This Period (last page this line number only	v))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I			on for the purpose of soliciting contributions solicit contributions from such committee.
/	Full Name (Last, First, Middle Initial) Connie McCaa Mailing Address Unv MS Med Center/Mc 2500 North State Street/ City Jackson FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State MS C Occupatio Ophthaln	Zip Code 39216-4500	Date of Receipt 1 2 1 9 2 0 0 5 Transaction ID: 54437-98443239927292 Amount of Each Receipt this Period 250.00 PAC 3rd of 4
В.	Full Name (Last, First, Middle Initial) Allen McGaughey Mailing Address Ozark Eye Center 360 Highway 5 North City Mountain Home FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State AR C Occupatio Ophthaln Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) Priscilla Metcalf Mailing Address 2100 Regional Med Driv City Wharton FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State TX C Occupation Ophthaln		Date of Receipt M
s	UBTOTAL of Receipts This Page (optional)			706.25
т	OTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may me and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	c Political	Committee (OPHTHPAC)	
A .	colf	State VA C Occupation Ophthaln Aggregate		Date of Receipt M M J D D J 2005 Transaction ID: 48YN4X577948 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
3.	ealf '	State NH C Occupation Ophthaln	Zip Code 03756-1000	Date of Receipt M M J 16 2005 Transaction ID: 3DY2HG994306 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
- .	colf	State IL C Occupation Ophthaln Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			706.25
T	OTAL This Period (last page this line number only	<i>-</i>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 59
TEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmology I	nc Politica	I Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Thomas Moore			Date of Receipt
Mailing Address 214 E Monterey Way Su	uite 1		12 05 7 2005
City	State AZ	Zip Code	Transaction ID: 48YAOK147484
Phoenix FEC ID number of contributing federal political committee.	C	85012-2620	Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	- ·	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) 3. James Murphy			Date of Receipt
Mailing Address 5202 Faraon Street	12 07 2005		
City	State	Zip Code	Transaction ID: 48YDNM246882
St. Joseph	MO	64506-3809	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00 Batch Tool - PAC
Name of Employer self	Occupation Ophthaln		Balcii 1001 - FAC
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Lanny Odin			Date of Receipt
Mailing Address 5109 Blackwolf Road			12 2005
City	State	Zip Code	Transaction ID: 3DY8Z4414156
Springfield 550 IB and a contraction	IL	62711-7894	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00 Batch Tool - PAC
Name of Employer self	Occupation Ophthaln	nologist	Balcii 100i - FAC
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)		·····	1365.00
TOTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 59
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and State	ments may	γ not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	ne and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	D !!!!	O ''' (ODUTUDAO)	
	American Academy of Ophthalmology Inc	: Political	Committee (OPHTHPAC)	
_	Full Name (Last, First, Middle Initial)			
Α.	Jeffrey Curtis Oehler Mailing Address 2250 North Bank Drive			Date of Receipt
	Walling Address 2250 North Bank Drive			12 07 2005
	City	State	Zip Code	Transaction ID: 48YDNM665841
	Columbus	OH	43220-5420	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
				Batch Tool - PAC
	colf	Occupation		Balcii 1001 - PAC
		Ophthaln		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		365.00	
	case (epocal)/ •	0 0		1
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
Ь.	Mark Ozog Mailing Address Ozog Eye Care and Laser	Contor		M M / D D / Y Y Y Y
	1417 9th Street South #10	12 15 2005		
	City	State	Zip Code	Transaction ID: 3DY1GF237576
	Great Falls	MT	59405-4509	Amount of Each Receipt this Period
	FEC ID number of contributing	С		91.25
	federal political committee.			PAG 411 - 6.4
	colf	Occupation		PAC 4th of 4
		Ophthaln		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		365.00	
	case (epocal)/ •	0 0		1
_	Full Name (Last, First, Middle Initial) James Palmer			Date of Receipt
C.	Mailing Address Suite 700			= <u>'</u>
	25 N 14th Street			12 07 2005
	City	State	Zip Code	Transaction ID: 48YDNM751427
	San Jose	CA	95112-6204	Amount of Each Receipt this Period
	FEC ID number of contributing	С		365.00
	federal political committee.			D. I. T. I. DAG
	colf	Occupation		Batch Tool - PAC
		Ophthaln	-	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		365.00	
_		0 0		
	•			821.25
S	UBTOTAL of Receipts This Page (optional)		·····	62.120
т	OTAL This Period (last page this line number only	/)	>	
	(,		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 59
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Λ	winformation and them and Departs and Chat		, ,	13 14 15 16 17
or	ny information copied from such Reports and State for commercial purposes, other than using the na	me and add	rnot be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Todd Perkins			Date of Receipt
	Mailing Address Suite 206 2870 University Avenue	12 05 2005		
	City Madison	State WI	Zip Code 53705-3611	Transaction ID: 48YAOK578433
	FEC ID number of contributing federal political committee.	C	33703-3011	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation		Batch Tool - PAC
	Receipt For:	Ophthaln	nologist e Year-to-Date ▼	-
	Primary General Other (specify) ▼	, iggregate	500.00	
3.	Full Name (Last, First, Middle Initial) Peter Polack	Date of Receipt		
	Mailing Address 1500 S Magnolia Extension Suite 106	12 09 2005		
	City	State	Zip Code	Transaction ID: 52227-47575014829636
	Ocala	FL	34471-4463	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00 PAC 2nd of 4
	Name of Employer self	Occupation Ophthaln		1 AO 210 01 4
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼		250.00	
).	Full Name (Last, First, Middle Initial) John Reifschneider			Date of Receipt
	Mailing Address Reifschneider Eye Center 1001 6th Avenue Suite 10	12 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 48YCBW141735
	Leavenworth	KS	66048-3248	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln	nologist	Batch 1001 - FAC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		990.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
т	OTAL This Period (last page this line number onl	v)		
•	Circa inio i choa (last page tills lille halliber oll	<i>j /</i>	······································	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)		
A .	Full Name (Last, First, Middle Initial) John Reifschneider Mailing Address Reifschneider Eye Cent 1001 6th Avenue Suite	Reifschneider ng Address Reifschneider Eye Center and Optic			
	City	State	Zip Code	1 2 0 6 2 0 0 5 Transaction ID: 48YCBW762783	
	Leavenworth	KS	66048-3248	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC refunded 12.6.05	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 990.00		
3.	Full Name (Last, First, Middle Initial) Elizabeth Rocco Mailing Address Suite 100	Date of Receipt			
	400 Saybrook Road	Ctoto	7in Code	12 01 2005	
	City Middletown	State CT	Zip Code 06457-4773	Transaction ID: 48Y4TG562842 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	00101 1170	500.00	
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
—).	Full Name (Last, First, Middle Initial) Richard Roebuck			Date of Receipt	
	Mailing Address 213 Dayton Street			12 28 2005	
	City	State	Zip Code	Transaction ID: 59006-16248720884323	
	Hamilton FEC ID number of contributing federal political committee.	C	45011-1633	Amount of Each Receipt this Period 91.25	
	Name of Employer self	Occupatio Ophthalr	nologist	PAC 4th of 4	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00		
s	UBTOTAL of Receipts This Page (optional)			1091.25	
T	OTAL This Period (last page this line number o	only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	ıc Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) David Rothberg Mailing Address 3820 Tampa Road Suite 101 City Palm Harbor FEC ID number of contributing federal political committee. Name of Employer self	State FL C Occupation		Date of Receipt 1 2
	Receipt For: Primary General Other (specify)	Ophthaln Aggregate	nologist e Year-to-Date ▼ 900.00	
3.	Full Name (Last, First, Middle Initial) Gary Rubin Mailing Address 7001 W Archer Avenue	Date of Receipt 1 2 1 4 2 0 0 5		
	Chicago	State IL	Zip Code 60638-2201	Transaction ID: G5L7ZF625211 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
 Э.	Full Name (Last, First, Middle Initial) Ralph Sando			Date of Receipt
	Mailing Address 101 Laurier Place			12 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Bryn Mawr	State PA	Zip Code 19010-2247	Transaction ID: 48YN4X782447
	FEC ID number of contributing federal political committee.	C	19010-2247	Amount of Each Receipt this Period 500.00
	Name of Employer self Receipt For:	Occupation Ophthaln Aggregate		Batch Tool - PAC
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)		·····	1365.00
T	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Ralph Sando			Date of Receipt
	Mailing Address Suite 100 100 Church Road			12 18 2005
	City	State	Zip Code	Transaction ID: 54437-63975161314011
	Ardmore	PA	19003-2316	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthaln		PAC 2nd of 4
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Delia Sang			Date of Receipt
	Mailing Address 73 Chatham Street			12 / 15 / Y Y Y Y Y
	City Brookline	State MA	Zip Code	Transaction ID: 1IG5L7B1XB5A02
	FEC ID number of contributing federal political committee.	C	02446	Amount of Each Receipt this Period 1250.00
	Name of Employer self	Occupation Ophthaln		PACWEB GENERATED CONTRIBU- TION
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Robert Sax			Date of Receipt
	Mailing Address 2222 6th Avenue			1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 50288-96474856138230
	Troy	NY	12180-2203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00 PAC 4th of 4
	Name of Employer self	Occupation Ophthaln	nologist	1 70 4(11 01 4
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
S	UBTOTAL of Receipts This Page (optional)			1625.00
T	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 59	
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12	
_			Detailed Summary Page		7
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions	
<u> </u>	NAME OF COMMITTEE (In Full)	arrie ariu auc	diess of any political committee to	Solicit Contributions from Such Committee.	\dashv
\rangle	American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)		
۹.	Full Name (Last, First, Middle Initial) William Schlichtemeier			Date of Receipt	
	Mailing Address 13923 Gold Circle			12 06 2005	
	City	State	Zip Code	Transaction ID: 48YCBW926874	
	Omaha FFG ID sumber of contribution	NE	68144-2318	Amount of Each Receipt this Period	1
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	
	Receipt For:		e Year-to-Date ▼		
	Primary General Other (specify) ▼		865.00		
3.	Full Name (Last, First, Middle Initial) Kevin Scott			Date of Receipt	_
	Mailing Address Eye Plastic Assoc Pc 3700 Joseph Siewick Dr	ive Suite 4	0	12 14 2005	
	City	State	Zip Code	Transaction ID: G5L7ZF832632	
	<u>Fairfax</u>	VA	22033-1745	Amount of Each Receipt this Period	1
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer self	Occupation		Batch Tool - PAC	
	Receipt For:	Ophthaln Aggregate	nologist e Year-to-Date ▼	_	
	Primary General	riggrogate			
	Other (specify)		1000.00		
) .	Full Name (Last, First, Middle Initial) Joseph Sidikaro			Date of Receipt	
	Mailing Address Suite 410 435 N Roxbury Drive			1 2 1 9 2 0 0 5	
	City	State	Zip Code	Transaction ID: 3DY716393228	
	Beverly Hills	CA	90210-5027	Amount of Each Receipt this Period	1
	FEC ID number of contributing federal political committee.	C		365.00	
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		615.00		
s	UBTOTAL of Receipts This Page (optional)			1365.00]
_	OTAL TIL D. 1.40				1
T	OTAL This Period (last page this line number or	1ly)	>		4

_	OUEDIUE A (EEO E OV)			FOR LINE NUMBER: PAGE 40 / 59
5(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	
• •	LIMIZED REGENTIO		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any person	n for the purpose of soliciting contributions
<u> </u>		ine and add	dress of any political committee to	Solicit Contributions from Such Committee.
/	NAME OF COMMITTEE (In Full)			
Ϊ	American Academy of Ophthalmology In	ic Political	Committee (OPHTHPAC)	
_	Full Name (Last, First, Middle Initial)			
۹.	David Silverstone			Date of Receipt
	Mailing Address Eye Care Group			M M / D D / Y Y Y Y
	60 Temple Street Suite 1	Α		13 2005
	City	State	Zip Code	Transaction ID: 48YN4X957864
	New Haven	CT	06510-2716	Amount of Each Receipt this Period
		<u> </u>	00010 2710	Amount of Each receipt this remod
	FEC ID number of contributing federal political committee.	C		365.00
	rederal political committee.			
	Name of Employer	Occupation	n	Batch Tool - PAC
	self	Ophthaln	nologist	
	Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		365.00	
				'
	Full Name (Last, First, Middle Initial)			
3.	Brian Smith			Date of Receipt
	Mailing Address 138 W Avon Parkway			M M / D D / Y Y Y Y
				12 03 2005
	City	State	Zip Code	Transaction ID: 50218-68819826841355
	Asheville	NC	28804-1410	Amount of Each Receipt this Period
	FEC ID number of contributing			24.25
	federal political committee.	C		91.25
				PAC 4th of 4
	Name of Employer self	Occupation		17.6 1.11 61 1
		Ophthaln		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		365.00	
	Other (specify)		303.00	
•	Full Name (Last, First, Middle Initial)			Date of Danaire
٠.	Peter Christian Smith			Date of Receipt
	Mailing Address Clearwater Eye and Lase 610 Lakeview Road	er Center		12 09 2005
	City	State	Zip Code	Transaction ID: 48YIHT353932
	Clearview	FL	•	
		- FL	33756-3336	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			
	Name of Employer self	Occupation	n	Batch Tool - PAC
	self	Ophthaln		
	Receipt For:		Year-to-Date ▼	_
	Primary General	7.99.094.0		
	Other (specify)		865.00	
			1 1 1 1 1 1 1 1	
9	UBTOTAL of Receipts This Page (optional)			956.25
_			······································	
T	OTAL This Period (last page this line number on	lv)	>	
-	hade and	,,		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may ne and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	: Political	Committee (OPHTHPAC)	
A .	self	State MI C Occupation Ophthaln Aggregate		Date of Receipt M M
3.	solf '	State TX C Occupation Ophthaln Aggregate		Date of Receipt M M
- .	oolf	State NH C Occupation Ophthaln Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			706.25
T	OTAL This Period (last page this line number only	<i>-</i>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 59 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
۸.	Full Name (Last, First, Middle Initial) Mitchell Brian Stein			Date of Receipt
	Mailing Address 69 S Moger Avenue			1 2 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 3DY2HG844151
	Mount Kisco	NY	10549-2217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 865.00	
3.	Full Name (Last, First, Middle Initial) Paul Sternberg			Date of Receipt
	Mailing Address Vanderbilt Eye Institute 8000 Medical Center E N	12 14 2005		
	City	State	Zip Code	Transaction ID: G5L7ZF324512
	Vanderbilt Hospita	TN	37232-8808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Vanderbilt University	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1500.00	
D .	Full Name (Last, First, Middle Initial) Theodore Stransky			Date of Receipt
	Mailing Address Suite 250 350 W Columbia Street			12 19 2005
	City	State IN	Zip Code	Transaction ID: 54437-31766909360885
	<u>Evansville</u>	IIN	47710-1782	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		91.25 PAC 3rd of 4
	Name of Employer self	Occupation Ophthaln	nologist	- FAC 310 01 4
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 273.75	
SI	JBTOTAL of Receipts This Page (optional)			1091.25
т	OTAL This Period (last page this line number on	ly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 59 (check only one) X 11a 11b 11c 12
Ar	ry information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\frac{}{}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc			
^	Receipt For: Primary General Other (specify)	State DE C Occupation Ophthaln		Date of Receipt M M
3.	ealf '	State IL C Occupation Ophthaln Aggregate		Date of Receipt M
-	colf	State TX C Occupation Ophthaln Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			950.00
т	OTAL This Period (last page this line number only	/)	b	

S	CHEDULE A (FEC Form 3X)		Lice congrete cohodule(s)	FOR LINE NUMBER: PAGE 44 / 59		
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17		
Ar or	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)			
۹.	Full Name (Last, First, Middle Initial) Paul Tarantino Mailing Address 1403 Madison Park Drive	e Suite 100	0	Date of Receipt		
	City Glen Burnie	State MD	Zip Code 21061-5613	Transaction ID: 48YAOK614472 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		365.00		
	Name of Employer self Receipt For:	Occupation Ophthaln		Batch Tool - PAC		
	Primary General Other (specify) ▼	Aggregate	365.00			
3.	Full Name (Last, First, Middle Initial) John Thomas			Date of Receipt		
	Mailing Address 3519 Friendsville Road			12 05 2005		
	City	State	Zip Code	Transaction ID: 48YAOK407258		
	Wooster	OH	44691-1241	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00 Batch Tool - PAC		
	Name of Employer self	Occupation Ophthaln		Batti 1001-1 AC		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		1000.00			
) .	Full Name (Last, First, Middle Initial) Victor Thomas			Date of Receipt		
	Mailing Address Suite 111 225 W State Road 434			12 05 2005		
	City	State	Zip Code	Transaction ID: 48YAST437558		
	Longwood	<u>FL</u>	32750-4980	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC		
	Name of Employer self	Occupation Ophthaln	nologist	Batti 1001 - FAC		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00			
s	UBTOTAL of Receipts This Page (optional)		·····	1730.00		
T	TOTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 59
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Stateme	ents may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	and add	ress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	American Academy of Ophthalmology Inc F	Political	Committee (OPHTHPAC)	
٩.	Full Name (Last, First, Middle Initial) Kevin Treacy			Date of Receipt
	Mailing Address 645 Ridgewood Road			12 13 2005
	City S	State	Zip Code	Transaction ID: 48YN4X368863
	,	MN	55804-1856	Amount of Each Receipt this Period
	FEC ID remark or of a contribution		1 1 1 1 1	
	federal political committee.			1000.00
	colf	ccupation		Batch Tool - PAC
		phthalm	lologist Year-to-Date ▼	-
	Primary General	ggregate		
	Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial)			
3.	Peter Utrata			Date of Receipt
	Mailing Address Suite 320 262 Neil Avenue			1 2 1 5 2 0 0 5
		State	Zip Code	Transaction ID: 54437-09478396177291
	<u>Columbus</u>	OH	43215-7309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			91.25
	rederal political committee.	_		PAC 4th of 4
	solf '	ccupation		TAC 4(11 01 4
	<u> O </u>	phthalm		_
	Receipt For: Ageneral	ggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	365.00	
Э.	Full Name (Last, First, Middle Initial) Peter Arthur Van Houten			Date of Receipt
	Mailing Address East Carolina Retina Consu 2501 A Stantonsburg Road			12 18 2005
	·	State	Zip Code	Transaction ID: 54437-99001711606980
	-	NC	27834-7213	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	J		
	Name of Employer October	ccupation	1	PAC 2nd of 4
		phthalm		
	Receipt For: Ag	ggregate	Year-to-Date ▼	
	Other (specify)		500.00	
		0 0	0 0 0 0 0 0 0	
S	UBTOTAL of Receipts This Page (optional)			1341.25
	COLOTAL OF TECESPIS THIS Fage (optional)		······	
T	OTAL This Period (last page this line number only).)	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 46 / 59
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar	y information copied from such Reports and Sta	tements may	v not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology In	nc Political	I Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Daniel Vos			Date of Receipt
	Mailing Address Wolfe Clinic 2020 Philadelphia Street			12 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 48YDYZ642124
	Ames	IA	50010-8772	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer Wolfe Clinic	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	1	500.00	
				1
3.	Full Name (Last, First, Middle Initial) Michael Vrabec			Date of Receipt
	Mailing Address Valley Eye Associates			M M / D D / Y Y Y Y
	21 Park Place			12 09 2005
	City	State	Zip Code	Transaction ID: 52252-67391604185105
	Appleton	WI	54914-8872	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer	Occupation	n	PAC 2nd of 4
	self	Ophthain		
	Receipt For:		e Year-to-Date V	-
	Primary General	7 .gg. 0ga.c		
	Other (specify)	l	865.00	
				1
	Full Name (Last, First, Middle Initial)			
Э.	W. Lee Wan			Date of Receipt
	Mailing Address Suite 200 1700 N Rose Avenue			12 26 2005
	City	State	Zip Code	Transaction ID: EW3DYG8WHJPX02
	Oxnard	CA	93030-3790	Amount of Each Receipt this Period
			30000 3700	Amount of Each receipt this remod
	FEC ID number of contributing federal political committee.	C		91.25
				PACWEB GENERATED CONTRIBU-
	Name of Employer Coastal Eye Specialists	Occupation		TION
		Ophthaln		_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		591.25	
	Other (specify)		1 1 1 1 1 1 1	
c	UBTOTAL of Receipts This Page (optional)			841.25
<u> </u>	ODITION OF THE PROPERTY OF THE		······	
T	OTAL This Period (last page this line number or	nlv)		
•		, ,	······	

SC	CHEDULE A (FEC Form 3X)		Lisa saparata sabadula(s)	FOR LINE NUMBER: PAGE 47 / 59
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any or f	r information copied from such Reports and Sta or commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I			
۹.	Full Name (Last, First, Middle Initial) W. Lee Wan Mailing Address Suite 200 1700 N Rose Avenue City	State	Zip Code	Date of Receipt 1 2 0 4 2 0 0 5 Transaction ID: 50288-83787173032761
	Oxnard	CA	93030-3790	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00 PAC 4th of 4
	Name of Employer Coastal Eye Specialists Receipt For: Primary General Other (specify)	Occupation Ophthaln Aggregate		PAC 4th 01 4
	Full Name (Last, First, Middle Initial) Neil Lawrence Watkins	0 0		Date of Receipt
	Mailing Address Suite 7 650 Grant Street			12 / 13 / 2005
	City	State	Zip Code	Transaction ID: 54437-34414309263229
	Gary	<u>IN</u>	46404-1533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		91.25
•	Name of Employer self	Occupation Ophthaln	nologist	PAC 4th of 4
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Bruce Weinberger			Date of Receipt
	Mailing Address 700 Quail Creek Drive			12 / 21 / 2005
	City	State	Zip Code	Transaction ID: 3DYAFK666093
	Amarillo	TX	79124-1607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln	nologist	Baton 1001 - FAO
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
SL	JBTOTAL of Receipts This Page (optional)			516.25
TC	OTAL This Period (last page this line number or	ار))		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 48 / 59 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Richard Weinhaus			Date of Receipt
	Mailing Address Eye HIth Svcs 1900 Crown Colony			12 02 2005
	City	State	Zip Code	Transaction ID: 48Y6G7967258
	Quincy	MA	02169-0931	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	 	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Tay Weinman			Date of Receipt
	Mailing Address 571 W 7th Street	12 19 2005		
	City	State	Zip Code	Transaction ID: 3DY7DB103944
	San Pedro	CA	90731-3115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
 C.	Full Name (Last, First, Middle Initial) Thomas Whitaker			Date of Receipt
	Mailing Address 900 Med Circle			12 07 2005
	City	State	Zip Code	Transaction ID: 52227-57735842466354
	Myrtle Beach	SC	29572-4114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		625.00
	Name of Employer self	Occupation Ophthaln		PAC 4th of 4
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2500.00	
<u></u>	UBTOTAL of Receipts This Page (optional)			1490.00
_	or recorpts this rage (optional)		······································	
T	OTAL This Period (last page this line number or	nly)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 59 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and State or commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) William Whitson			Date of Receipt
	Mailing Address Suite 106 9002 N Meridian Street			12 05 2005
	City	State	Zip Code	Transaction ID: 48YAST458283
	Indianapolis	IN	46260-5381	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
3.	Full Name (Last, First, Middle Initial) Juliann Williams			Date of Receipt
	Mailing Address 12100 Southeast Stevens	S Court Su	uit	12 19 2005
	City	State	Zip Code	Transaction ID: 1D3DY7343OUK02
	Portland	OR	97266-8707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00 PACWEB GENERATED CONTRIBU-
	Name of Employer Northwest Permanente	Occupation Ophthalm		TION
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		615.00	
 C.	Full Name (Last, First, Middle Initial) Kyle Williams			Date of Receipt
	Mailing Address Rochester Eye Associate 2301 Lac De Ville Boulev			12 05 2005
	City Rochester	State NY	Zip Code	Transaction ID: 48YAST313353
	FEC ID number of contributing		14618-5646	Amount of Each Receipt this Period
	federal political committee.	С		365.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthalm		Balcii 1001 - FAO
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
SI	JBTOTAL of Receipts This Page (optional)			1130.00
т	OTAL This Period (last page this line number onl	v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 50 / 59
	EMIZED RECEIPTS		or each category of the	(check only one)	l., 🖂
•			Detailed Summary Page	X 11a 11b 13 14	11c 12 15 16 17
An	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may	not be sold or used by any perso		
or		ne and add	ress of any political committee to	solicit contributions from s	uch committee.
/	NAME OF COMMITTEE (In Full)	D 1111	0 (00)		
/	American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)		
۹.	Full Name (Last, First, Middle Initial) Martyn Wills			Date of Receipt	
	Mailing Address 211 North Eddy Street			12 03	2005
	City	State	Zip Code	Transaction ID: 200	
	South Bend	IN	46617-2808	Amount of Each Rec	
	FEC ID number of contributing	С			250.00
	federal political committee.	<u> </u>			
	a alf	Occupation		→ PACWEB GENER/ TION	ATED CONTRIBU-
		Ophthalm		_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		750.00		
		0 0		'	
3.	Full Name (Last, First, Middle Initial) Richard Witlin			Date of Receipt	
	Mailing Address 557 Cranbury Road Suite	6		M M / D D	/ Y Y Y Y Y
	City	Ctot-	7in Code	12 15	2005
	City East Brunswick	State NJ	Zip Code 08816-5419	Transaction ID: 3D	
			00010-0419	Amount of Each Rec	
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer C	Occupation		Batch Tool - PAC	
	colf	Occupation Ophthalm			
		•	Year-to-Date ▼	1	
	Primary General		300.00		
	Other (specify)		300.00		
<u> </u>	Full Name (Last, First, Middle Initial) Chi-Wah (Rudy) Yung			Date of Receipt	
J.	Mailing Address 5124 Green Braes East Dr	rive		M M / D D	/ Y Y Y Y
				12 13	2005
	City	State	Zip Code	Transaction ID: 48	
	Indianapolis	IN	46234-2915	Amount of Each Rec	ceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
		2		Batch Tool - PAC	
	colf ' '	Occupatior Ophthalm			
	4 !		Year-to-Date ▼	1	
	Primary General			1	
	Other (specify) ▼	0 0	1000.00		
_	UDTOTAL (D. 11 TU D. 11 T				1050.00
S	UBTOTAL of Receipts This Page (optional)		<u> </u>		
_	OTAL This Period (last page this line number only)	١		<u> </u>	49508.75

S

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 59 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or used by any persone and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Union Bank Mailing Address 400 California Street		Date of Receipt 1 2
City San Francisco	State Zip Code CA 94104	Transaction ID: 2795830601234454796 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	55.29
	Occupation Aggregate Year-to-Date ▼	MM interest 12/05
Primary General Other (specify) ▼	560.98	

SUBTOTAL of Receipts This Page (optional)	•	55.29
TOTAL This Period (last page this line number only)	•	55.29

Image# 26970118414

S	CHEDULE B (FEC Form 3)	() Use se	eperate schedule(s)		OR LINI	 	R:			PAG	ЭE	52 / 5	9	
IT	EMIZED DISBURSEMENT	S for eac	ch category of the cd Summary Page	X	heck on 21b 27	22 28a		23 28b		24 28c		25 29		26 30b
	y Information copied from such Reports an for commercial purposes, other than using												3	
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolo	ogy Inc Political	Committee (OPI	HTHP	AC)									
۹.	Full Name (Last, First, Middle Initial) Union Bank Mailing Address 400 California Str	reet				Transa Date of			me	19660 nt		12344 0 0 5		426
	City San Francisco Purpose of Disbursement Bank charges 12/05	State CA	Zip Code 94104			Amou	nt of	Each	Dis	bursen		this P		od
	Office Sought: House Senate President	Disbursement For Primary Other (s	: General	Cate Ty										
	State: District:		•											

SUBTOTAL of Disbursements This Page (optional)	>		1437.44
TOTAL This Period (last page this line number only)	•	-	1437.44

	STIEDOLE B (I LCI OIIII 3X)	Use seperate schedule(s)			LINE N k only	NUMBE	:K:			PAC	àE 5	3 / 59)
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21	b [22 28a	Х	23 28b	П	24 28c	2 2		26 30b
	y Information copied from such Reports and State for commercial purposes, other than using the na													
V OI	NAME OF COMMITTEE (In Full)	The and address of any pointica	ii COIII	111	iillee	to Solic	on Corn	ibut	10115 11	OIII S	sucii cc	וווווווננ	iee	
$ \rangle$	American Academy of Ophthalmology In	c Political Committee (OF	PHTH	-IF	PAC)									
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 03	95100	5120	748	35757
Α.	Becerra for Congress							of D	isburs		nt	V	V *	v.
	Mailing Address PO Box 261060						^M 2	IVI	′	6	,	20	Ď 5	
	City	State Zip Code					Amou	ınt o	f Each	n Dis	bursen	nent th	nis Pe	eriod
	Los Angeles Purpose of Disbursement	CA 90026										100	00.0	0
	2006 Primary			Ů					-					
	Candidate Name Becerra Xavier				egory ype	/								
	Senate President	sement For: 2006 X Primary General Other (specify)												
	State: CA District: 31													
В.	Full Name (Last, First, Middle Initial) Boucher for Congress Committee								isburs	eme		5121	455	43130
	Mailing Address PO Box 2000						^M 2	М	/ D	15	/ Y	ž o	ŏ 5	Y
	City Abingdon	State Zip Code VA 24212					Amou	ınt o	f Each	n Dis	bursen		-	-
	Purpose of Disbursement 2006 Primary					٦١		0				100	0.00	0
	Candidate Name Boucher Rick				egory ype	/								
	Senate President	sement For: 2006 X Primary General Other (specify)												
	State: VA District: 09													
C.	Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee	Inc					Date		isburs	eme				24328
	Mailing Address 511 Congress Street PO Box 549						1 ^M 2	M	/ D	15	/ L	Ž 0	Ď5	
	City Napoleonville	State Zip Code LA 70390					Amou	ınt o	f Each	n Dis	bursen		-	-
	Purpose of Disbursement 2006 Primary						L.	0				100	0.00	0
	Candidate Name Melancon Charlie				egory ype	7								
	Senate President	sement For: 2006 X Primary General Other (specify)												
	State: LA District: 03													
s	UBTOTAL of Disbursements This Page (optional)				<u> </u>						300	0.0	0
т	OTAL This Period (last page this line number onl	у)				•								

SCHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LINE N (check only							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 2	3 24 8b 28c	25 29	26 30b			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name						3			
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc I	Political Committee (OPHT	HPAC)							
Full Name (Last, First, Middle Initial) Christopher Shays for Congress Committee	9		Date of Disb	D D D Y Y 0 6		_			
Mailing Address 98 East Avenue Rear Bui	ding		12	0.6	ž 0 ŏ 5				
,	State Zip Code CT 06851		Amount of E	ach Disburse	ment this F	Period			
Purpose of Disbursement 2006 Primary		•			1000.0	00			
Candidate Name Shays Christopher		Category/ Type							
Office Sought: X House Senate President State: CT District: 04 Disburse	ment For: 2006 Primary General Other (specify)								
Full Name (Last, First, Middle Initial) Cummings for Congress Campaign Comm	ittee		Transaction Date of Disb	n ID: 4987950	05120748	356024			
Mailing Address PO Box 1631			12 /	0 6 Y	ž 0 ŏ 5	Y			
,	State Zip Code MD 21203		Amount of E	ach Disburse	ment this F	Period			
Purpose of Disbursement 2006 Primary		•			1000.0	00			
Candidate Name Cummings Elijah	C	Category/ Type							
Office Sought: X House Senate President State: MD District: 07	ment For: 2006 Primary General Other (specify)								
Full Name (Last, First, Middle Initial) Friends of Ginny Brown-Waite			Transaction Date of Disb	n ID: 3552620 oursement	06010349	912382			
Mailing Address 704 Ponce De Leon Bould	evard		12 M	0 1 Y	ž 0 ŏ 5	Y			
,	State Zip Code FL 34601		Amount of E	ach Disburser	ment this F	Period			
Purpose of Disbursement 2006 Primary					-2000.0	00			
Candidate Name Brown-Waite Virginia		Category/ Type							
Office Sought: X House Senate President State: FL District: 05	ment For: 2006 Primary General Other (specify)		Uncashed (Contribution					
SUBTOTAL of Disbursements This Page (optional) .		▶			0.0	0			
TOTAL This Period (last page this line number only)									

	STILDOLL B (I LOT OTTI 3X)	Use seperate schedule(s)		FOR LIN (check d		UMBER: ne)		L PA	AGE	55 / 5	9	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	A III V		X 23 28b	24 28c	П	25 29	_	26 30b
	y Information copied from such Reports and Statem											
Or I	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political	COITII	millee lo	SOIICI	t Contribt	utions in	om such	COMM	шиее		
	American Academy of Ophthalmology Inc	Political Committee (OP	HTH	PAC)								
	Full Name (Last, First, Middle Initial)					Transac	tion ID:	294516	3051	21455	354	<u></u>
٦.	Jeb Bradley for Congress					Date of			V * V	V	V	
	Mailing Address 645 South Main Street					^M 2 ^M	1	5 /	<u>'</u> 2	0 Ď 5		
	,	State Zip Code				Amount	of Each	Disburse	emen	t this P	eriod	
	Wolfeboro Purpose of Disbursement	NH 03894	_			,	•		1	000.0	0	7
	2006 Primary					-						
	Candidate Name Bradley Joseph			egory/ ype								
	X	ment For: 2006										
	Senate X President	Primary General Other (specify) ▼										
	State: NH District: 01	(- /)										
_	Full Name (Last, First, Middle Initial)					Transac	tion ID:	: 406876	6051	20748	726	— 60
3.	Neugebauer Congressional Committee					Date of			.,,	* 1/ *		
	Mailing Address PO Box 54175					12	[/]	6 /	ž	0 Ď 5	Y	
	,	State Zip Code TX 79453				Amount	of Each	Disburse	emen	t this P	eriod	
	Purpose of Disbursement	79433							1	0.000	0	
	2006 Primary											
	Candidate Name Neugebauer Randy			egory/ ype								
		ment For: 2006										
	Senate X President	Primary General Other (specify) ▼										
	State: TX District: 19	(- /)										
Э.	Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee					Transac Date of		: 832829 ement	9051	20748	292	89
	Mailing Address PO Box 8331					1 ^M 2 M	[′] D0	6 /	Ý Ž	0 Ď 5	Y	
	,	State Zip Code CA 94537				Amount	of Each	Disburs	emen	t this P	eriod	_
	Purpose of Disbursement 2006 Primary					<u></u>			1	0.000	0	
	Candidate Name Stark Pete			tegory/ ype								
	Senate X President	ment For: 2006 Primary General Other (specify)										
	State: CA District: 13											_
S	UBTOTAL of Disbursements This Page (optional) .			▶					3	0.000	0	_
T	OTAL This Period (last page this line number only)			▶	•	L						

Use seperate scriedule(s)				check o			٦.		L P A	NGE	56 / 5	9				
ΙT	EMIZED DIS	BURSEMEN'	IS		category of the Summary Page		21b		22	Х	23	24		25		26
^	. Infame : Co.	al fueros e contro D	and Otal		- L L L L L L L L L L		27	$\prod_{i \in I}$	28a	⅃	28b	28c		29	П	30b
		d from such Reports a boses, other than usin													5	
<u> </u>	NAME OF COMM	IITTEE (In Full)														
\rangle	American Acad	emy of Ophthalmo	ology Inc I	Political C	ommittee (OP	HTH	PAC)									
	Full Name (Last, F	•							Transa	acti	on ID:	531285	051	20156	372 ⁻	196
٦.	Ron Lewis for C	Congress							Date o	of Di	sburse	ement	/ ° V	V	V	
	Mailing Address	PO Box 307							1"2"		0	1 ′	2	0 Ď 5		
	City			State	Zip Code				Amour	nt of	Each	Disburse	emen	t this F	erio	d
	Elizabethtown Purpose of Disbur	cement		KY	42702	_		_					1	000.0	00	
	2006 Primary	Sement								0	-		•			
	Candidate Name Lewis Ron						egory/ ype									
	Office Sought:	χ House		ment For:	2006											
		Senate President	X	Primary Other (spe	General											
	State: KY	District: 02		Outlot (ope	(Sily) \											
	Full Name (Last, F	First, Middle Initial)							Transa	acti	on ID:	913027	'051	21456	5039	948
3.	Roskam for Co	ngress Committee							Date o		sburse					
	Mailing Address	141 Shelley Lar	ie						1 2	_		5	. 2	0 Ď 5		
	City Wheaton			State IL	Zip Code 60187				Amour	nt of	Each	Disburse	-		-	d
	Purpose of Disbur 2006 Primary	sement							L.	0			1	0.00.0	00	
	Candidate Name Roskam Peter						egory/ ype									
	Office Sought:	X House Senate President		ment For: Primary Other (spe	2006 General											
		District: 06														
Э.	Full Name (Last, F Stupak for Cong								Transa Date o			367406 ement	051	20156	6789	912
	Mailing Address	817 Ninth Avenu PO Box 143	ue PO Bo	x 156					1 ^M 2	M /	0	1 /	Ž	0 Ď 5	Y	
	City Menominee	1 0 Box 1 10		State MI	Zip Code 49858				Amour	nt of	Each	Disburse	emen	t this F	erio	d
	Purpose of Disbur 2006 Primary	sement											1	0.00.0	00	
	Candidate Name Stupak Bart						egory/ ype									
	Office Sought:	X House Senate President		ment For: Primary Other (spe	2006 General											
	State: MI	District: 01														
s	UBTOTAL of Disbu	ursements This Page	(optional) .				▶						3	000.0	0	
T	OTAL This Period	(last page this line nu	mber only)													

Image# 26970118419

	<u> </u>				
S	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)		NUMBER: PAGE 57/59
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check onl	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and for commercial purposes, other than using th	•			
\	NAME OF COMMITTEE (In Full)				
	American Academy of Ophthalmolog	y Inc Political C	Committee (OPH	ITHPAC)	
	Full Name (Last, First, Middle Initial)				Transaction ID: 4865160601034862970
٩.	Talent for Senate Committee				Date of Disbursement
	Mailing Address 147 N Meramec Su	uite 100			$\begin{bmatrix} 1 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 1 \end{bmatrix} / \begin{bmatrix} 1 & 2 & 2 & 0 & 0 & 5 & 1 \end{bmatrix}$
	City St. Louis	State MO	Zip Code 63105		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 Primary				-1000.00
	Candidate Name Talent James			Category/ Type	
	Office Sought: House Di X Senate President	Sbursement For: X Primary Other (spe	2006 General		Uncashed Contribution
	State: MO District: 00				

SUBTOTAL of Disbursements This Page (optional)	•	-1000.00
TOTAL This Period (last page this line number only)	<u> </u>	8000.00

	CHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s)				R LINE eck onl	NUMBE	:H:		L	PAGE	58 /	59	
IT	EMIZED DISBURSEMENTS	for each catego Detailed Summ				21b	22 X 28a		23 28b	24	4 8c	25 29	26 30b	
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam												ıs	
H	NAME OF COMMITTEE (In Full)	e and address of a	iny political	COIII	1111111	56 10 80	MCII COM	Hout	10115 11	om suc	JII COIII	muee		
$ \rangle$	American Academy of Ophthalmology Inc	Political Comm	ittee (OPI	⊣T⊦	ΙPΑ	.C)								
A.	Full Name (Last, First, Middle Initial) Daniel Bernstein						Transaction ID: 53270-35436648130417 Date of Disbursement							
	Mailing Address Suite 204 451 Ruin Creek Road							М		5 /	Y	ž o ŏ ŧ	5 ^Y	
	City Henderson	State Zip C	Code 336-2878				Amou	unt o	f Each	Disbu	rseme	nt this	Period	
	Purpose of Disbursement refunded dup contribution per Dr request						L.					365.	00	
	Candidate Name Category/													
	Office Sought: Senate President State: Disburse	ement For: Primary Other (specify)	General											
	Full Name (Last, First, Middle Initial)						Trans	eacti	on ID	5061	0-862	011/1	1317017	
В.							Transaction ID: 50610-86291140317917 Date of Disbursement 12 0 6 2 0 5							
	Mailing Address Reifschneider Eye Center and Optic 1001 6th Avenue Suite 100									6	2	žoŏ	5	
	City Leavenworth	State Zip 0 KS 660	Code 148-3248				Amou	unt o	f Each	Disbu	rseme			
	Purpose of Disbursement processed as 1pmt s/b 4 pmts											500.	00	
	Candidate Name				atego Type	-								
	Senate President	ement For: Primary Other (specify)	General											
	State: District:													
C.	Full Name (Last, First, Middle Initial) Richard Tax								isburs	ement			3364792	
	Mailing Address Tricounty Eye Physicians Surgeons 319 2nd Street Pike								[′]	9 /	2	ž 0 0 į	5	
	City Southampton	State Zip (PA 189	Code 166-3812				Amou	unt o	f Each	Disbu	rsemei			
	Purpose of Disbursement Partial PAC Refund per Dr.'s request							-				265.	00	
	Candidate Name				atego Type									
	Senate President	ement For: Primary Other (specify)	General											
Г	State: District:									•		400	20	
s	UBTOTAL of Disbursements This Page (optional)	<u></u>					<u> </u>	-	-			130.	JU	
т	OTAL This Period (last page this line number only)					•					1	130.	00	

Image# 26970118421									
Form/Schedule: F3XA Transaction ID:	This amended report includes previously missing Employer and Occupation information required for Itemized Reciepts.								